

Stateline Family YMCA Registration S.A.C. 2009/2010

Child's Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Home Phone #: _____ School Attending: _____ Grade: _____
2009/2010 school year

Please use the following space to help us get to know your child better.

Parent(s)/Guardian(s): _____

Father's Name: _____ Email: _____

Place of Employment: _____ Work #: _____ Cell #: _____

Mother's Name: _____ Email: _____

Place of Employment: _____ Work #: _____ Cell #: _____

The following individuals may pick up my child or be contacted in case of emergency. (Please make sure all spaces are filled in.) Children will be released only to those names listed. **You must list individuals who will be available to be reached by phone in case of an emergency.** They should be prepared to show picture ID when picking up your child.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Is there anyone who **may not** come in contact with your child by way of legal order?

Name: _____ Name: _____

Please attach copy of the current legal order.

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Please check all that apply

My child will be attending the following school age center:

- Rockton Grade Whitman Post Shirland
- Prairie Hill Before School Prairie Hill After School Prairie Hill Before & After Care
-

My child will be attending the following:

- Part-Time (3 or less days per week) Full-Time (4 or 5 days per week)
-

My child will be attending on the following days:

- Mondays Tuesdays Wednesdays Thursdays Fridays Will Vary
-

In consideration of my child's participation in YMCA School Age Center Program, I agree to the following:

- I agree to pay for the above checked times whether or not my child is present. If my child's schedule changes, I must notify the SAC Director and the school.
- I understand my payment may be mailed or brought in to Stateline Family YMCA, 9901 Main Street, Roscoe, IL 61073. **Payments will not be accepted at the S.A.C. program sites.**
- I understand that monthly fees are due by **the 5th of each month** of attendance.
(for example: October's payment must be received by October 5, 2009.)
- **If my payment is late** I will be assessed a \$25 late fee per participant.
- **If my payment is 10 or more days late**, the Stateline Family YMCA will discontinue any services.
- I agree to pick-up my child by **6:00pm** or earlier and in the event my child is not picked up by 6:00pm, a fee of \$1 for every minute thereafter will be charged. Payment must be made directly to the staff prior to continuation of services. **After 6:15pm, the local authorities will be called.** In the event of continued late payments or late pick-up of my child, the Stateline Family YMCA reserves the right to remove my child from the program.
- I understand my child will not be allowed to leave the program without being signed out by an authorized person on a daily basis.
- I understand the Stateline Family YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities.
- I have read the Parent's Manual for the School Age Center program. I agree to adhere to the policies and procedures set forth.

Parent/Guardian Signature

Date

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Child's Last Name: _____

First Name: _____

Medication	Dosage	When is medication administered?		
		Home	School	Y Care

If your child will need to have medication administered to him/her during our care, please fill out the attached Medical Authorization Form. Medication will only be administered if this form has been completed and medication is in its original container.

Please list any allergies, medical, or other conditions that your child may have. If none, please write "none" in the space below and initial.

Hospital Preference

In the event of injury, I hereby authorize the emergency medical authorities to provide such medical care and treatment to my child as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment. In case of an emergency, I request my child be transported to _____ hospital.

Parent/Guardian Signature

Date

Immunization Records

My child is up to date on all immunizations as required by the school district. If asked, I will provide proof of all immunizations my child has received.

Parent/Guardian Signature

Date

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Photography Release Form

Throughout the year, photographs are taken for craft projects, newsletter, etc. By signing below, you are authorizing the Stateline Family YMCA to photograph your child while participating in the School Age Center sponsored activities.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Enrollment Fee:

\$50 individual

\$80 Family

Amount Paid: _____

Date: _____

Receipt # _____

Cash

Credit Card

Check # _____